

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance



Office of the Senior Deputy Director

D.C. MEDICAL CARE ADVISORY COMMITTEE (MCAC)

Location: DHCF, 441 4th Street N.W., Main Street Conference Room #1028, Wash. DC 20001
Call-In#: 1-877-709-6519, code 1819767

Tuesday, November 29, 2016
5:00 p.m. to 7:00 p.m.

Meeting Minutes

Attendees:

MEMBERS:

A.Seiji Hayashi, Unity Health Care, Inc.
Angela R. Miller, EPD Waiver Beneficiary
Brian Footer, DCOA (*by phone*)
Claudia Schlosberg, DHCF
Elizabeth Groginsky, OSSE
Erin M. Loubier, Whitman-Walker Health
Guy Durant, Beneficiary
Heidi Schumacher, DCPS
HyeSook Chung, DC Action for Children
Jacqueline Bowens, DC Hosp. Association
Jim Wotring, DBH
Jodi Kwarciany, DC Fiscal Policy Institute
Judith Levy, DC Coalition on LTC
Karen Dale, Amerihealth Caritas
LaQuandra S. Nesbitt, DOH
Leona Redmond, SOS NOW
Mark LeVota, DC Behavioral Health Assoc.
Nnemdi Elias, United Medical Center
Omonigho Ufomata, DDS
Sharra E. Greer, Children's Law Center
Suzanne Jackson, GW, Hlth Ins. Counseling
Trey Long, DHS
Veronica D. Sharpe, DCHCA
Heidi Schumacher, DCPS

GUESTS:

Alice Weiss, DHCF
Colleen Sonosky, DHCF
DaShawn Groves, DHCF
Deniz Soyer, DHCF
Ellyon Bell, DHCF
Erin Holve, DHCF
Ieisha Gray, DHCF
Jessica Foster, HMA
Joe Weissfeld, DHCF
John Wedeles, DHCF
Jordan Cooper, DHCF
Lisa Fitzpatrick, DHCF
Mark Pitcock, Xerox
Maude Holt, DHCF
Patricia Quinn, DCPCA
Rita Gibson, DHCF
Trina Dutta, DHCF
Yorick Uzes, DHCF

I. Call to Order/ Approval of Minutes

Welcome and Introductions - Jacqueline Bowens (JB) called the meeting to order at 5:23p.m. She apologized to all for the late start due to the Ethics Training, and asked for patience and continued engagement.

JB thanked HyeSook Chung (HC) for the sweets and treats she provided for the meeting. Others chimed in they'd take the next round.

Omonigho Ufomata (OU) asked about what rules of order the MCAC would abide by. JB said that is under consideration for the next meeting (i.e., Roberts Rules of Order, etc.).

JB called for approval for meeting minutes from MCAC's October 26, 2016 session. Veronica Sharpe (VS) asked that a correction be made to her agency's acronym; should be DCHCA and not DCHA. Trina Dutta (TD) agreed correction would be made. Karen Dale (KD) moved to approve minutes. Minutes approved.

As there were more members present at this meeting, JB asked each member introduce themselves once more and share what they hoped to get out of the MCAC experience. Each member adhered to the request.

JB expressed satisfaction that the right group of people and agencies were selected to serve on MCAC; and that she was impressed by the passion and commitment expressed from each member.

JB noted that as part of MCAC's By-Laws, there must be an Executive Committee. To that end, she announced the three members of MCAC's Executive Committee: Nnemdi Elias (NE), HyeSook Chung (HC) and herself (JB).

II. DHCF Director or Senior Deputy Director/Medicaid Director Report

JB called on Claudia Schlosberg (CS) to give her report.

CS noted in light of the recent Presidential election, she wanted to take a minute to discuss how Trump's Administration might affect Medicaid. She shared with the group that Tom Price had been chosen to head HHS, and that Price is a fierce critic of the Affordable Care Act (ACA) and will head the effort to repeal and replace the current health care law.

CS said Seema Verma was named as the appointee as Administrator of Centers for Medicare and Medicaid Services, and is known for her work on Medicaid issues and her close ties to VP Pence. She designed his Obamacare Medicaid expansion model in Indiana and has advised several states on how to add elements such as health savings accounts, co-pays, etc.

CS went on to say we have no idea what the changes will look like however the ACA is a large piece of legislation with lots of parts. Per Price, we cannot mandate that people must get insurance. However, he is keeping in mind that 20-22 million have gained access to health insurance via ObamaCare. If it is repealed, CS worries about the 74-75,000 people in the District who got access to Medicaid via expansion. CHIP has always had bi-partisan support so we hope it doesn't disappear, although the mandate will likely disappear. The majority of concern is with regards to the childless adult population, and CS was fairly sure part of ACA is slated for repeal. However, they must think how it will affect people in their home states. We should expect to see a great deal of horse trading going on.

CS explained that Congress reconvenes in 2017, and they may explore the option of turning Medicaid into a block grant. This would be a trade-off of more control for states of a more limited Medicaid budget. Ultimately, CS encouraged MCAC members to go forward with business as usual but move quickly to get things done.

LaQuandra Nesbitt (LN) asked what portion of the District's 75,000 residents who were able to gain access through ACA will be affected by a repeal of the childless adults' coverage. CS said preliminary cost for this population is estimated at \$500,000,000.

CS ended her report by stating it was too early to fixate on the "what ifs," and mentioned that she stayed at HHS through a previous Administration transition was able to get a lot of good work done.

Guy Durant (GD) said that he is one of the childless adults CS referenced earlier, and said that previously unmarried people could receive health care via their partners' health insurance plan. Is that still the case?

LN responded that one can get coverage if in a legal domestic partnership. Also, you can be a sibling or parent; there is no limitation to intimate partners only.

GD said he'd love to see the laws changed so childless adults can pull together resources for better health insurance coverage.

Alice Weiss (AW) next reported on work done in collaboration with colleagues at SPA and noted once they got into the project, they realized they didn't know as much as they thought they did. Alice's presentation, Alliance Research Update: Utilization and Churn, was well received. Discussion ensued around the distinction of enrollment service utilization and multiple claims.

KD would like AW's group to look at DC Medicaid beneficiaries without a DC address who are taking advantage of DC's Programs. AW agreed to follow-up.

Deniz Soyer (DS) next presented DHCF's Enrollment Report. She highlighted the populations that have been growing, and noted that previously where there was substantial growth in the CHIP Program, this has leveled out. Testing hypothesis of Medicaid children moving over to CHIP.

III. Subcommittee Report(s)

JB asked each submitter to briefly report out on their suggested MCAC subcommittees - 1) Health System Re-Design; 2) Long Term Care; 3) Eligibility and Enrollment; and, 4) Access. She asked each author to give a brief description of their proposed subcommittee:

1. Health System Re-Design: Erin Holve (EH) –EH said the goals of the subcommittee are to provide feedback on Medicaid benefits that seek to better coordinate the care of the beneficiaries, provide input on current gaps in health and social service providers in coordinating care, and identifying existing models of care delivery that should be replicated and how to implement such practices within the District.
2. Long Term Care: Judith Levy (JL) –JL said this committee's mission would be to expand and improve the quality of LTC services to ensure that low-income District residents with chronic care or disability needs can age in their chosen community safely. This subcommittee will give voice to this particular cohort.
3. Eligibility and Enrollment: Jodi Kwarcianny (JK) – JK said the focus of this subcommittee would be on the experiences of consumers, provides and advocates monitoring and improving experiences applying for and maintaining health insurance.
4. Access: AW – AW said the goals of this subcommittee would be to provide feedback on DHCF's plans to enhance beneficiary and provider input as part of the development of the Access Plan, provide input on the possible impacts upon beneficiaries or providers resulting from current or future SPAs, and keep DHCF informed about emerging access issues.

JB opened the floor for comments and questions.

KD suggested to AW that they sample by subpopulation, to which AW agreed.

JB wants members to make sure, if possible, that each committee aligns with other work. She also noted each committee will have the responsibility of issuing a report, since the committees will be the "heartbeat" of MCAC's work.

JB noted every subcommittee has to be chaired by a member of MCAC, and she expects that every MCAC member will serve on at least one subcommittee. She reminded members that subcommittees are open to non-MCAC members, as well.

JB said if there were items that needed to be added to the summary documents of each proposed sub-committee. She added that added detail regarding scope of work should be provided through the preliminary planning phases of the committees.

KD asked if we're voting today on the four subcommittees, and JB noted we may not be ready.

CS expressed her preference to have three subcommittees versus four, given staff resources needed.

Jim Wotring (JW) raised the issue of behavioral health and how/where it would be covered within the committees? Discussion ensued, where it was agreed this is a cross-cutting issue.

Most members echoed they felt rushed, and didn't want to vote on the subcommittees today.

LN said she understands that several members may not feel as though their organizations or priorities are highlighted in these subcommittees and some people may experience challenges in fully representing who we are as individual organizations. Well-structured charters for each committee will be important to ensuring various perspectives can be embraced.

JB reminded members that the MCAC was given time to submit ideas in advance of the meeting, and she will work with DHCF to develop next steps.

CS said members should review the proposals, and KD suggested having a structured e-mail sent out to solicit feedback on issues like committee priorities and expectations.

Lisa Fitzpatrick (LF) reminded members that it is important for all members to take their membership seriously and make their voices heard.

GD asked for clarity on whether the subcommittees are intended to be broad or tailored in scope, and felt like the LTC committee was tailored whereas the other three proposed committees are broad. KD responded that while that is true, LTC is a major issue given the expense of LTC-services.

CS reminded members about the Medicaid 101 in-service and the important of members to have a baseline level of knowledge with Medicaid. She noted that there are over 50 people on the waiting list to take the course, and that another in-service will be offered next quarter.

Due to time constraints, JB quickly asked if there was New Business, Public Comment, or Announcements. She shared that the next MCAC meeting will be January 10th or 11th; or, January 30th or 31st.

The meeting adjourned at 7:28pm.